

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-family: cursive;">047534</div>	FILING DATE <div style="text-align: center; font-family: cursive;">02/15/01</div>
APPLICANT(S)								
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	3							
TOTAL DEP.	33							
TOTAL CLAIMS	36							

  

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						

BEST AVAILABLE CO.